

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Glarence Bennett

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month 6	Day 27	Year	Months 9	Days	
Sex	Male	Color or Race	Colored	Birth-place	Maryland		
Occupation	Vine	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	X	Father's Birthplace	Maryland		
Father's Name	Walter Bennett	Mother's Maiden Name	Hector Harney	Mother's Birthplace	Maryland		
Name of person giving information	Walter Bennett	How related to deceased	Father				

CAUSES OF DEATH

27 ✓

How long

Three months

How long

Two months

Primary

Whooping Cough

Immediate

General Tuberculosis

Are the name, age, sex, color, date and place correctly given above?

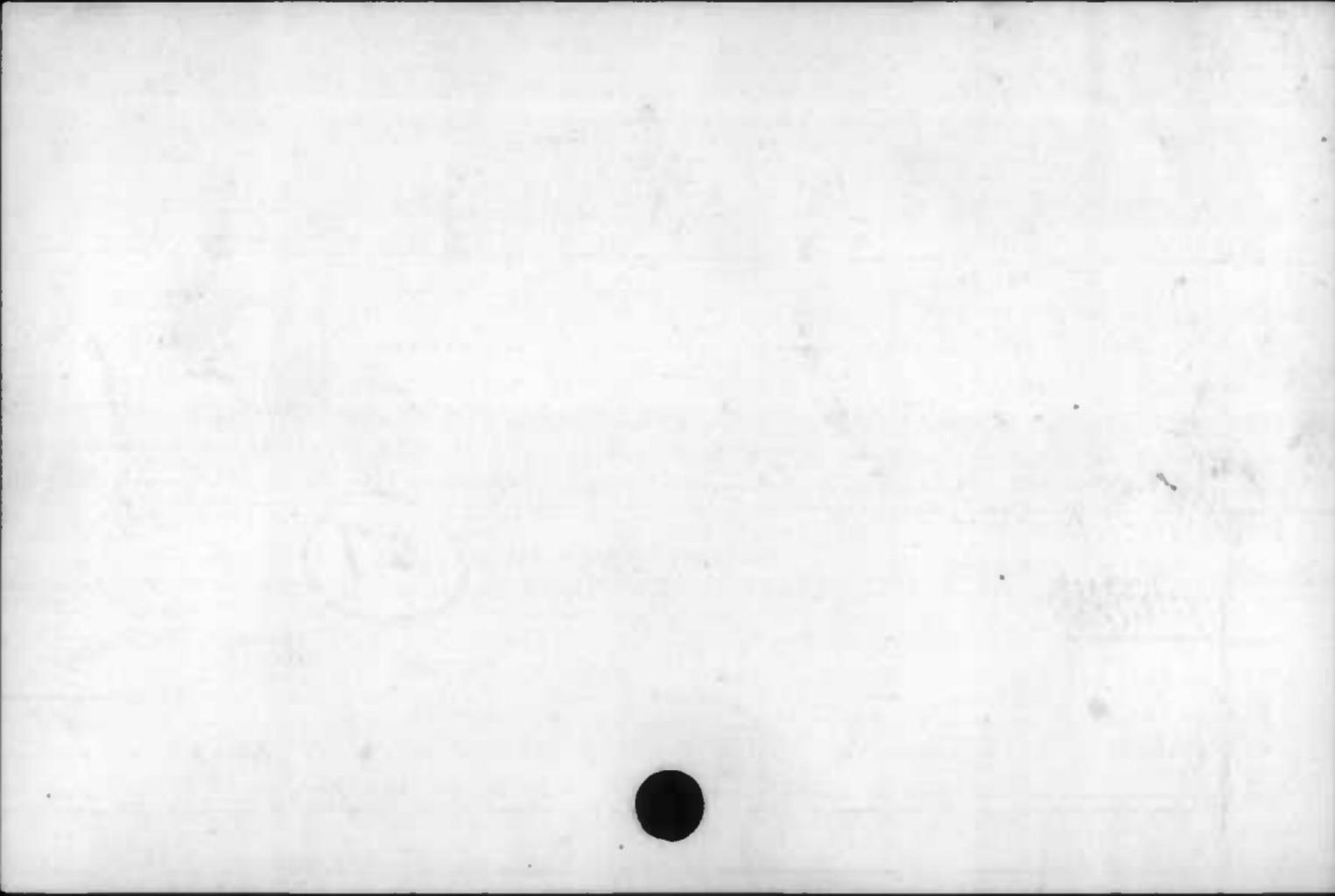
Yes

Signature of Physician

Address

Edward Anderson M.D.,  
Rockville, Md.

Accident or Suicide?



Name  
in  
Full

Ida L. Brent

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died near Griffon		Town	County		MARYLAND	
Date of death 1909	Month June	Day 16	Years 40	Age	Months 7	Days 2
Sex Female	Color or Race Colored	Birth-place Montg. Co. Md.				
Occupation Housewife		Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Alexander Brent					
Father's Name George Williams	Father's Birthplace Montg. Co. Md.					
Mother's Maiden Name Mary Williams	Mother's Birthplace Montg. Co. Md.					
Name of person giving information Henry H. Brown	How related to deceased No relation					

CAUSES OF DEATH

64

2

How long

13 days

How long

PHYSICIAN  
OR CORONER

Primary

Aleurophy

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

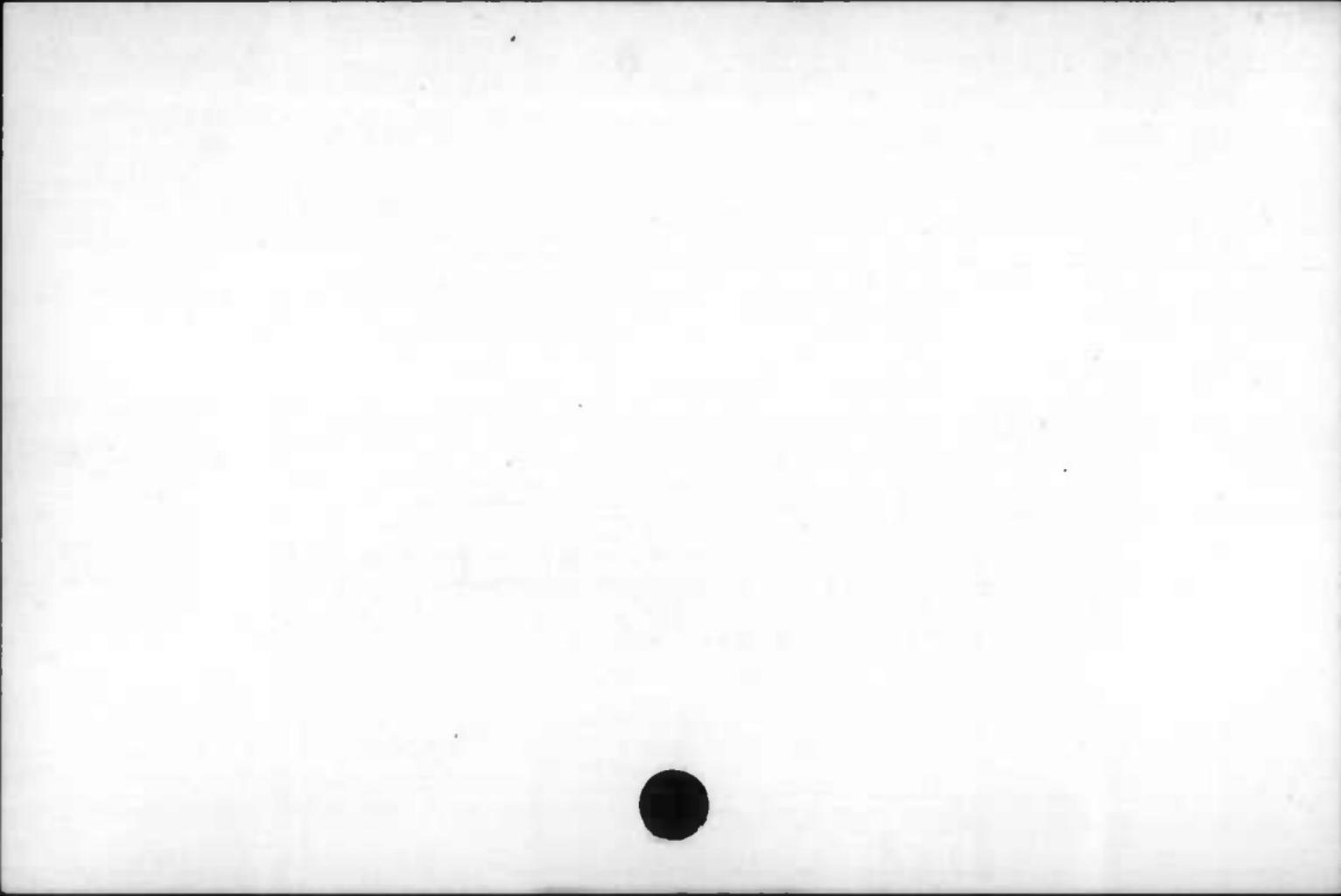
Address

Cheas. Fargulwar.

Olivey.

Md.

Accident or Suicide?



Name  
in  
Full

William A. Burroughs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	Court	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	White	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Alice Burroughs at Ocean of Beach		
Father's Name	Geo Burroughs Johnson Baker			
Mother's Maiden Name	Julia Byrought Alice Baker			
Name of person giving information	Ernest A. Burroughs			
CAUSES OF DEATH				
Primary	Pneumonia			
Immediate	Inflammation Brown			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	
Yes		Address	3 weeks	
Accident or Suicide?		le A. Fox Baltimore		

1855-1909

Name  
in  
Full

Ellen Odetta Clagett

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near Laytonsville</u>		Town	<u>Montgomery</u>		County	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>22</u>	Years <u>42</u>	Age <u>42</u>	Months <u>5</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alphonso Kingman Clagett</u>					
Father's Name <u>Francis Mann Fraley</u>	Father's Birthplace <u>Frederick Co</u>					
Mother's Maiden Name <u>Mary A Hagan</u>	Mother's Birthplace <u>Frederick Co</u>					
Name of person giving Information <u>Obra Estelle Hacklin</u>	How related to deceased <u>Son Daughter</u>					

CAUSES OF DEATH

64

How long

5 1/2 days

How long

few hours

Primary

Cerebral Hemorrhage

Immediate

Paralysis of Brain

Are the name, age, sex, color, date and place correctly given above?

yes

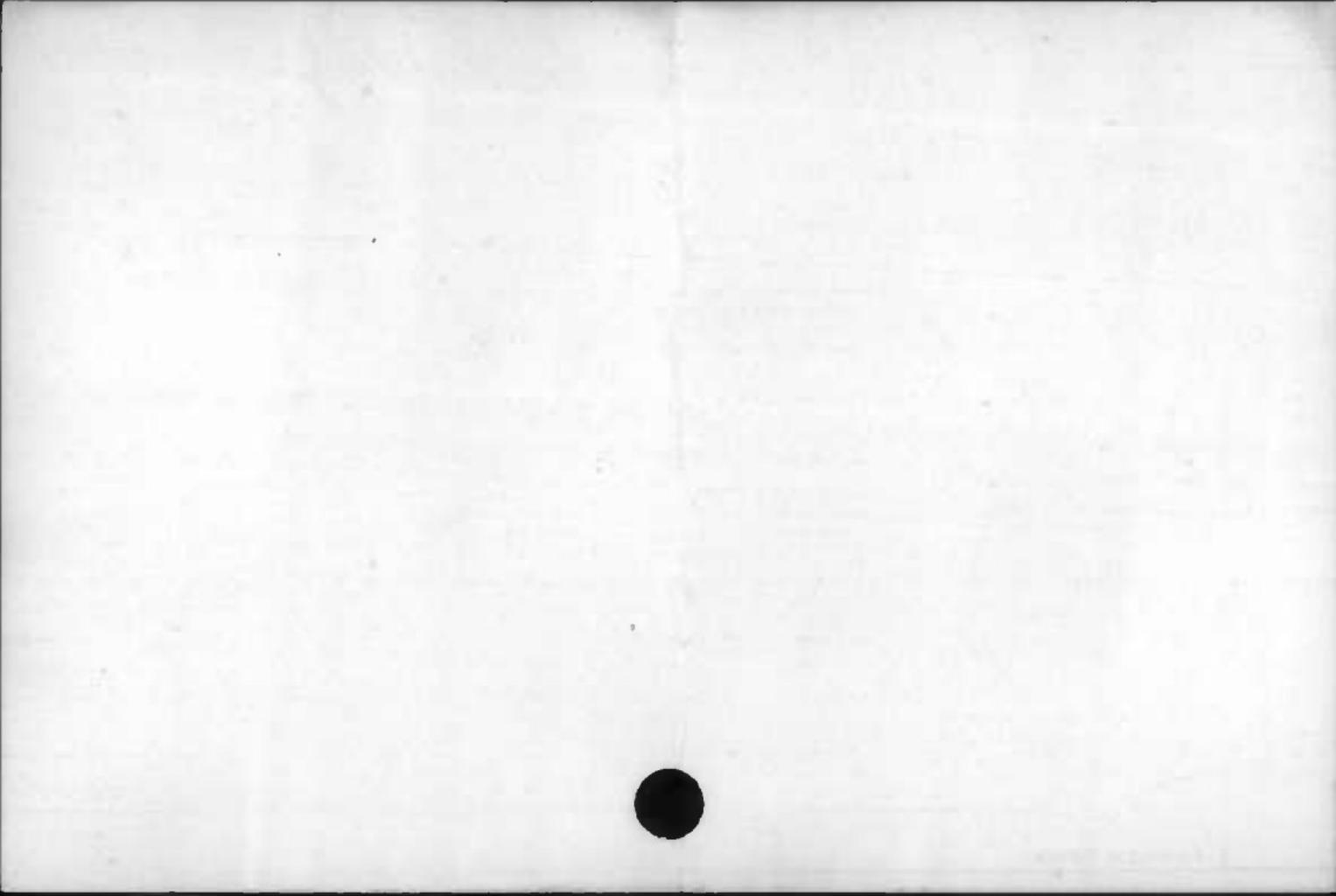
Signature of Physician

Address

W.H. Pease

Laytonsville Md

Accident or Suicide? -



Name  
in  
Full

Russell Curtis Caslon

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	White -	Birth-place	Maryland
Occupation	Where Residing if not at place of death			-
Married, Single or Widowed	Name of Wife or Husband			-
Father's Name	Edward L Caslon			Father's Birthplace Md
Mother's Maiden Name	Catherine Jones			Mother's Birthplace Md
Name of person giving Information	Catherine Caslon			How related to deceased Nrother -

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Meningitis

Immediate Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Anthony W Ray  
Tennallyton DC

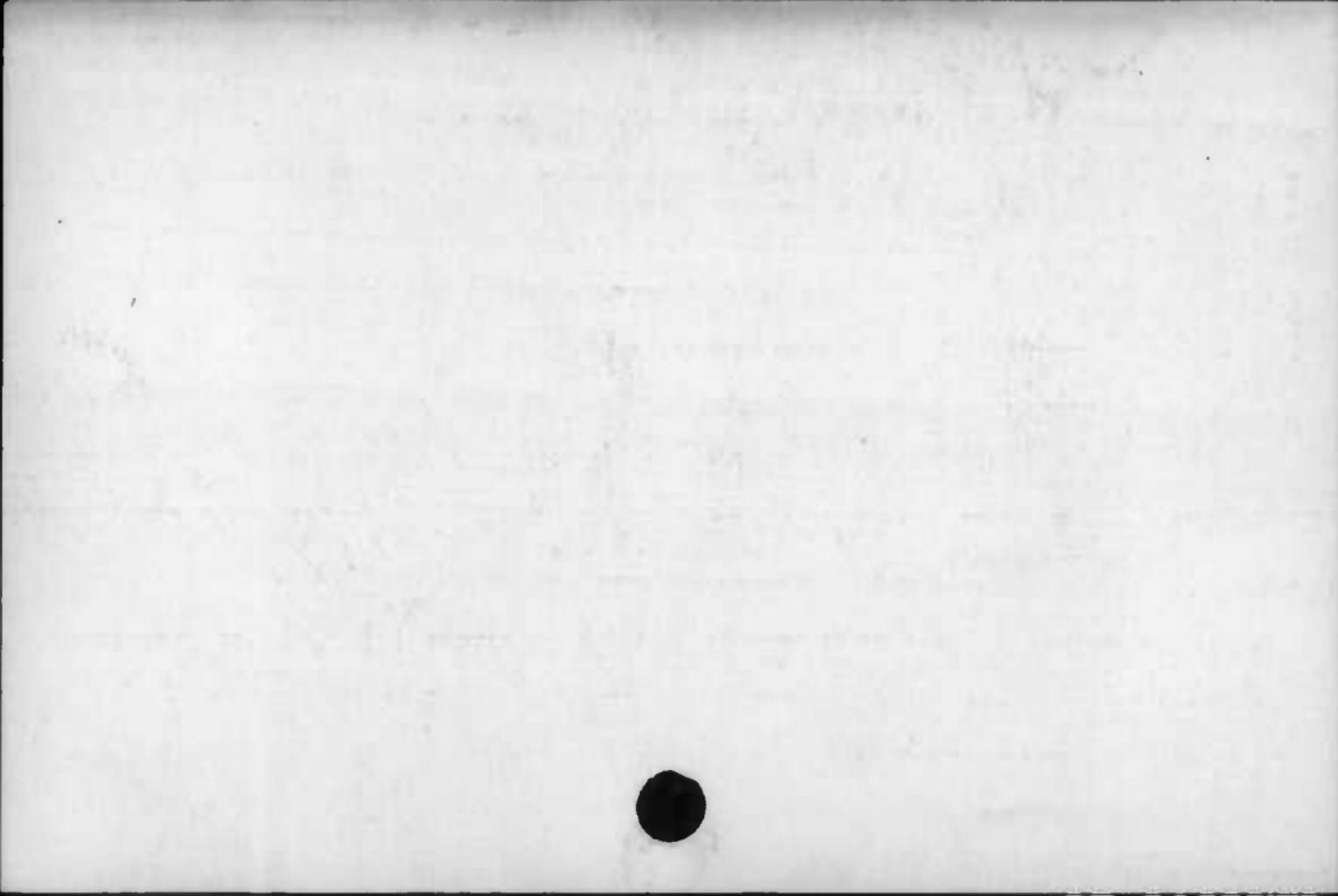
61

How long

How long

Two days

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <u>near Rosedale</u>			County <u>Montgomery</u>	MARYLAND	
Date of death <u>1909</u>	Month <u>6</u>	Day <u>6</u>	Age <u>51</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Jos. W. Tracy</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>J. F. Garrison</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Jos W. Tracy.</u>	How related to deceased <u>Father.</u>				

## CAUSES OF DEATH

(8)

How long

PHYSICIAN  
OR CORONER

Primary <u>Insane</u>	How long <u>X</u>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>O. M. Luthi</u>
	Address <u>Rosedale Md</u>
Accident or Suicide? <u>X</u>	

1915

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jennie Lloyd

CERTIFICATE OF DEATH

MARYLAND

Died at Gaithersburg County Montg Months — Days 6

Date of death 1909. June 12 Age —

Sex Female Color or Race white

Birth-place Gaithersburg

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

R. A. Lloyd

Father's  
Birthplace

Mother's  
Maiden Name

Gaithersburg

Mother's  
Birthplace

Name of person giving  
Information

Boys Jr

How related  
to deceased

CAUSES OF DEATH

72

Primary

Lackjaw

How long

Immediate

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

yes

E. H. Etchison  
Gaithersburg

Accident or Suicide



Name  
in  
Full

Charles John Hermann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Birth-place	Months Days
Occupation	Where Residing if not at place of death	5-24 2 <sup>nd</sup> an Antig. W.	
Married, Single or Widowed	Name of Wife or Husband	Bertha Henrietta Hermann	Father's Birthplace
Father's Name	not known	Germany	Mother's Birthplace
Mother's Maiden Name	not known	Germany	How related to deceased
Name of person giving Information	Henry T. Elliott	Step son	
CAUSES OF DEATH			
Primary	Prostatic Enlargement		
Immediate	Surgical Shock		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	125 ✓
(D.D.A. Sanitarium)		Address	How long probably - 4 yrs -
			How long 8 hours

PHYSICIAN  
OR CORONER

Accident or Suicide

S. H. Kress

over

J R Vining

original

L M. Monroe  
Registrar Takoma Park  
Montgomery Co. Md.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

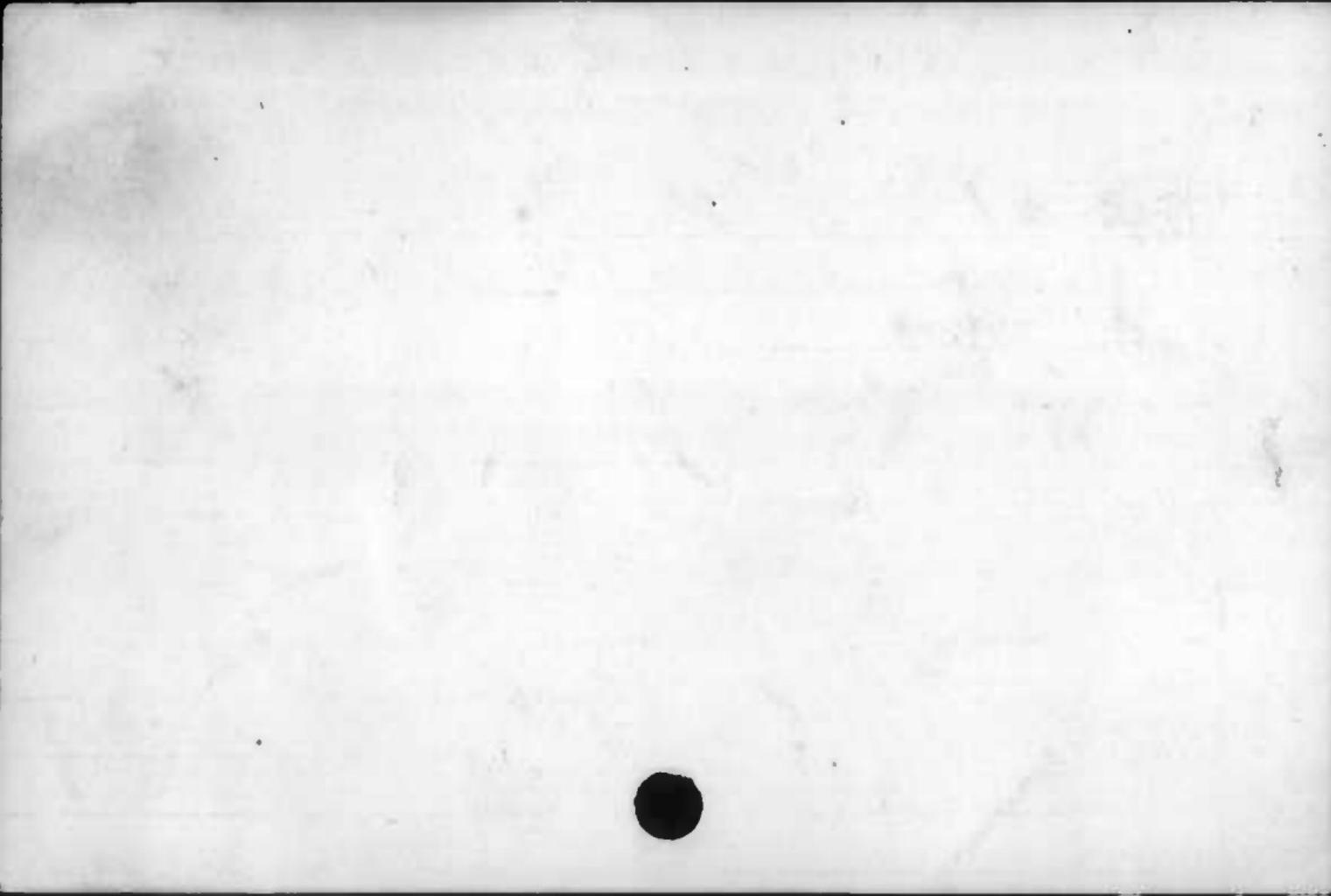
J

CERTIFICATE OF DEATH

MARYLAND

Died at	Town		County			
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Wilson Johnson			
Father's Name	Gowen Davis		Ca			
Mother's Maiden Name	unknown		And			
Name of person giving information	Wilson Johnson		husband			
CAUSES OF DEATH						
Primary	68) ✓					
Immediate	15 mos					
Are the name, age, sex, color, date and place correctly given above?						
yes						
Signature of Physician						
Address						

Accident or Suicide?



Name  
in  
Full

Mary Frances Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Astor Town County MARYLAND  
Date of death 1909 Month Day Years Months Deys  
Age 54 5 0  
Sex Female Color or Race White Birth-place Virginia  
Occupation Housewife Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Opie Lindsay

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Mary Gorham

Mother's  
Birthplace

Name of person giving  
Information

Susan Johnson

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Atelectasis (specific)

36

Immediate

Pneumonia

How long

1 month

Are the name, age, sex, color, date  
and place correctly given above?

Yes

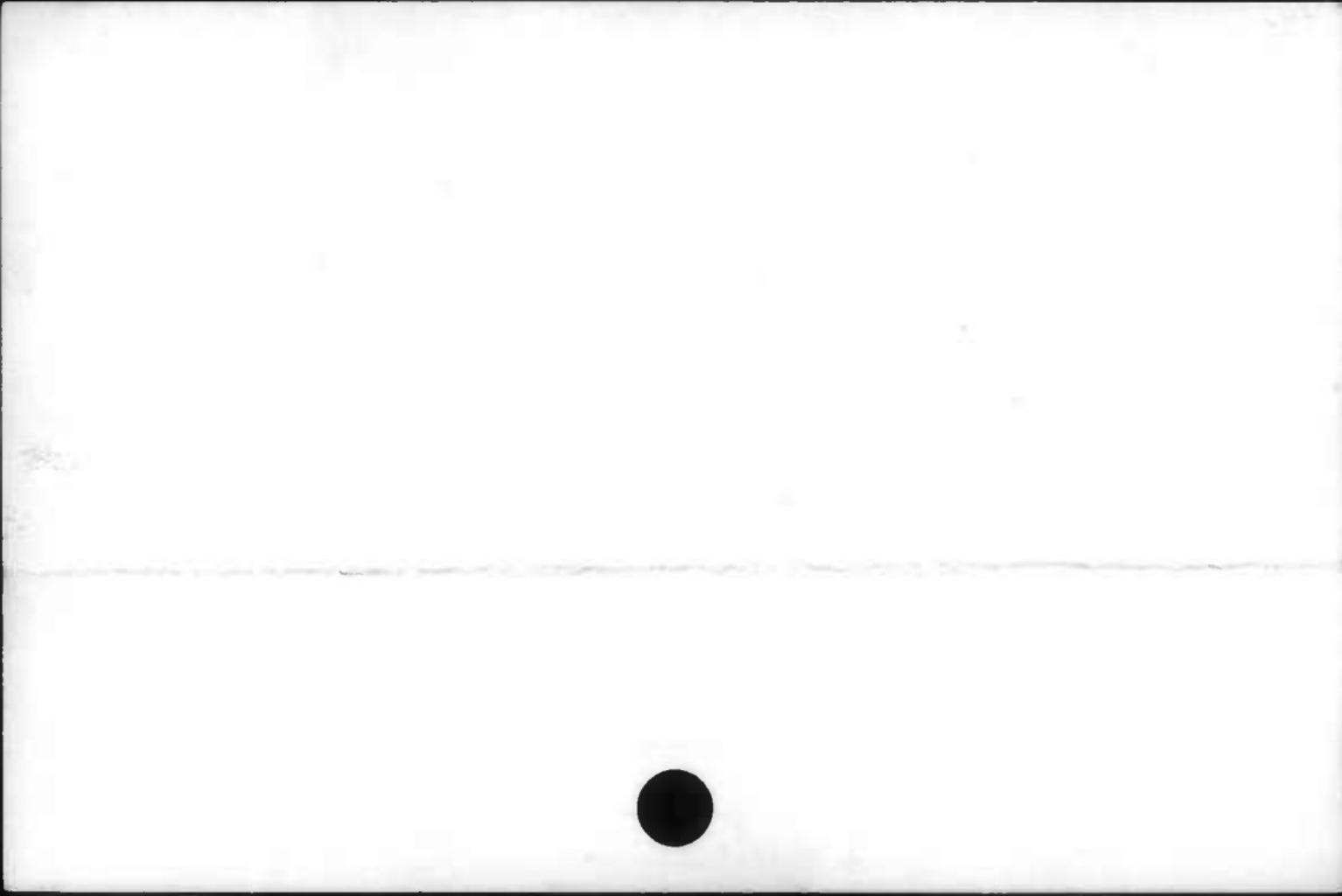
Signature of  
Physician

Address

Dr. S. L. Fletcher  
Denton.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Sarah Ann Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	June	6	77	7	10	
Sex	Female	Color or Race	Colored	Birth-place	Montgomery Co	
Occupation	General House work		Where Residing if not at place of death			
Married, Single or Widowed	widowed	Name of Wife or Husband	widow of Isaac Johnson	Father's Birthplace	Montgomery Co	
Father's Name	Samuel Coplin			Mother's Birthplace	Montgomery Co	
Mother's Maiden Name	Charlotte Ross			Name of person giving information	How related to deceased	
Isaac Johnson				Lore		

CAUSES OF DEATH

79

New long

For 9 weeks

How long

Immediate

Primary

Mitral Disease of Heart

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

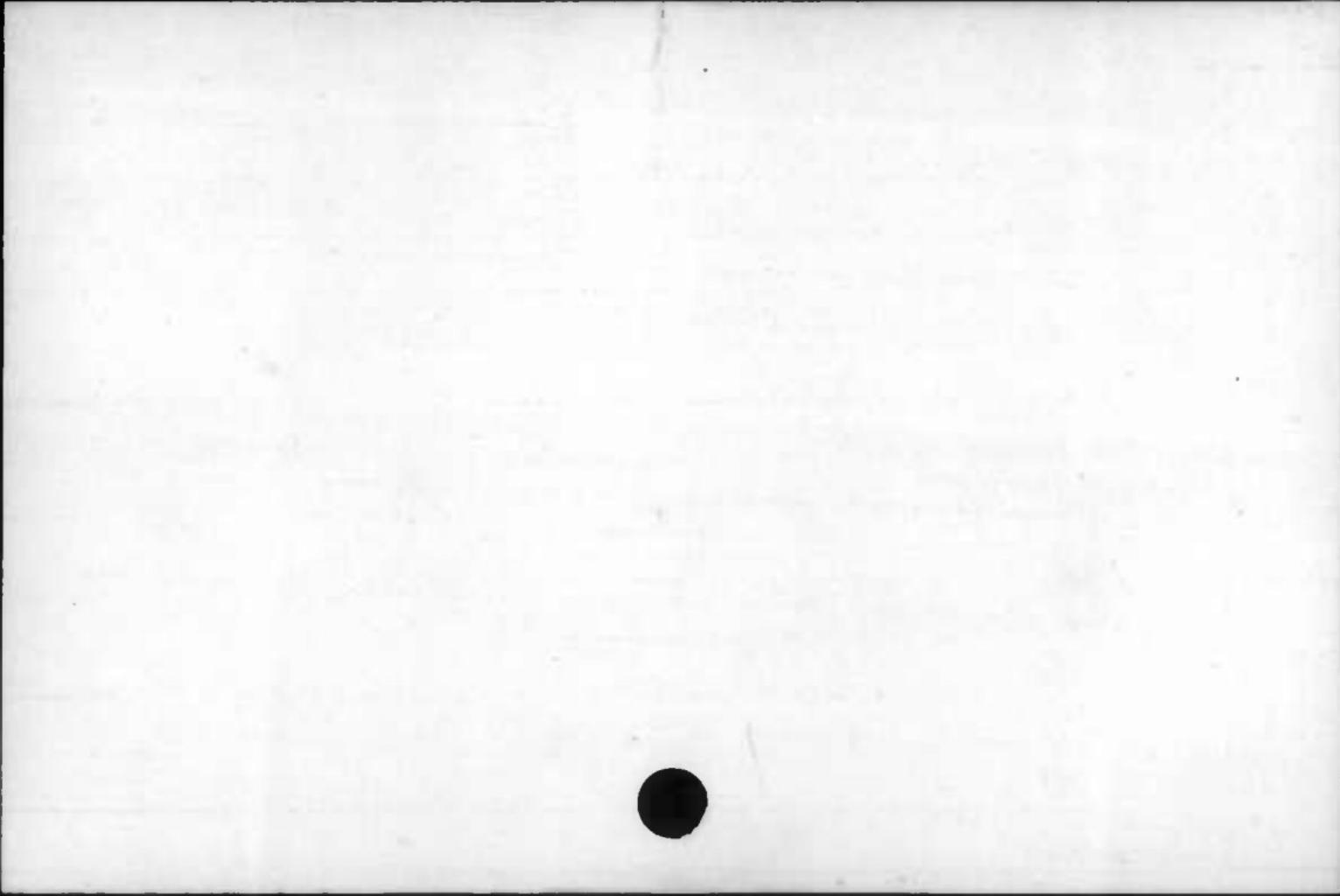
Signature of Physician

Address

V H Rogers Jr d

Laurelville Ind

Accident or Suicide?



Name  
in  
Full

Bettie walke Judkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

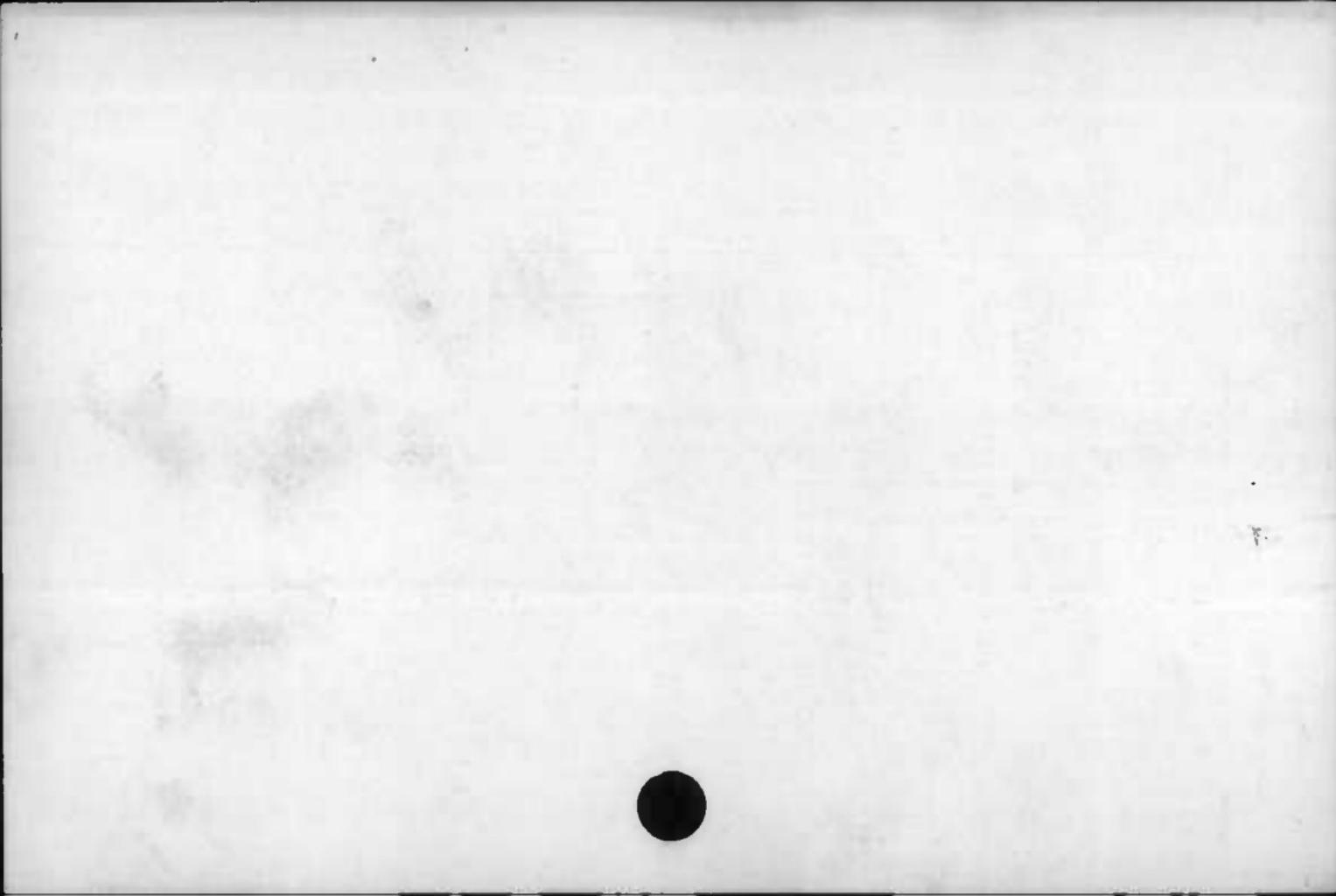
Died at	Town	County	MARYLAND		
Died at Forest Glen	Glen	Montgomery	Months	Days	17
Date of death	Month	Day	Years	Months	Days
1909	6	14	60	5	17
Sex	Color or Race	Birth-place			
female	white	Va.			
Occupation	Where Residing if not at place of death				
Gentlewoman	Norfolk Va.				
Married, Single or Widowed	Name of Wife or Husband	Wm E. Judkins	Father's Birthplace	Va.	
Father's Name	Hodges	Father's Birthplace	va.		
Mother's Maiden Name	walke	Mother's Birthplace	Va.		
Name of person giving information	Wm E. Judkins	How related to deceased	Husband		

CAUSES OF DEATH

108 -

PHYSICIAN  
OR CORONER

Primary	Intestinal obstruction		How long	2 weeks
Immediate	Inanition		How long	2 1/2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L H Wright	
Yes.		Address	Forest Glen	
Accident or Suicide?				



Name  
in  
Full

Malcolm Lee Kerby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town	County	Month	Days
Died at Washington Grove	Montgomery		
Date of death 1909 June	Month Day	Age 24	3 29
Sex Male	Color or Race W	Whara Raading if not at place of death	Fairfax Co. Va
Occupation Farming			Alexandria Va
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Potomac Co Maryland
Father's Name James Owen Kerby		Mother's Birthplace	Fairfax Co. Va.
Mother's Maiden Name Rachel Collard		How related to deceased	Sister
Name of person giving Information	Mrs. Lidia Greenfield	How long	3-4 years

CAUSES OF DEATH

Primary

Pulmonary

tuberculosis

Immediate

Pulmonary

tuberculosis

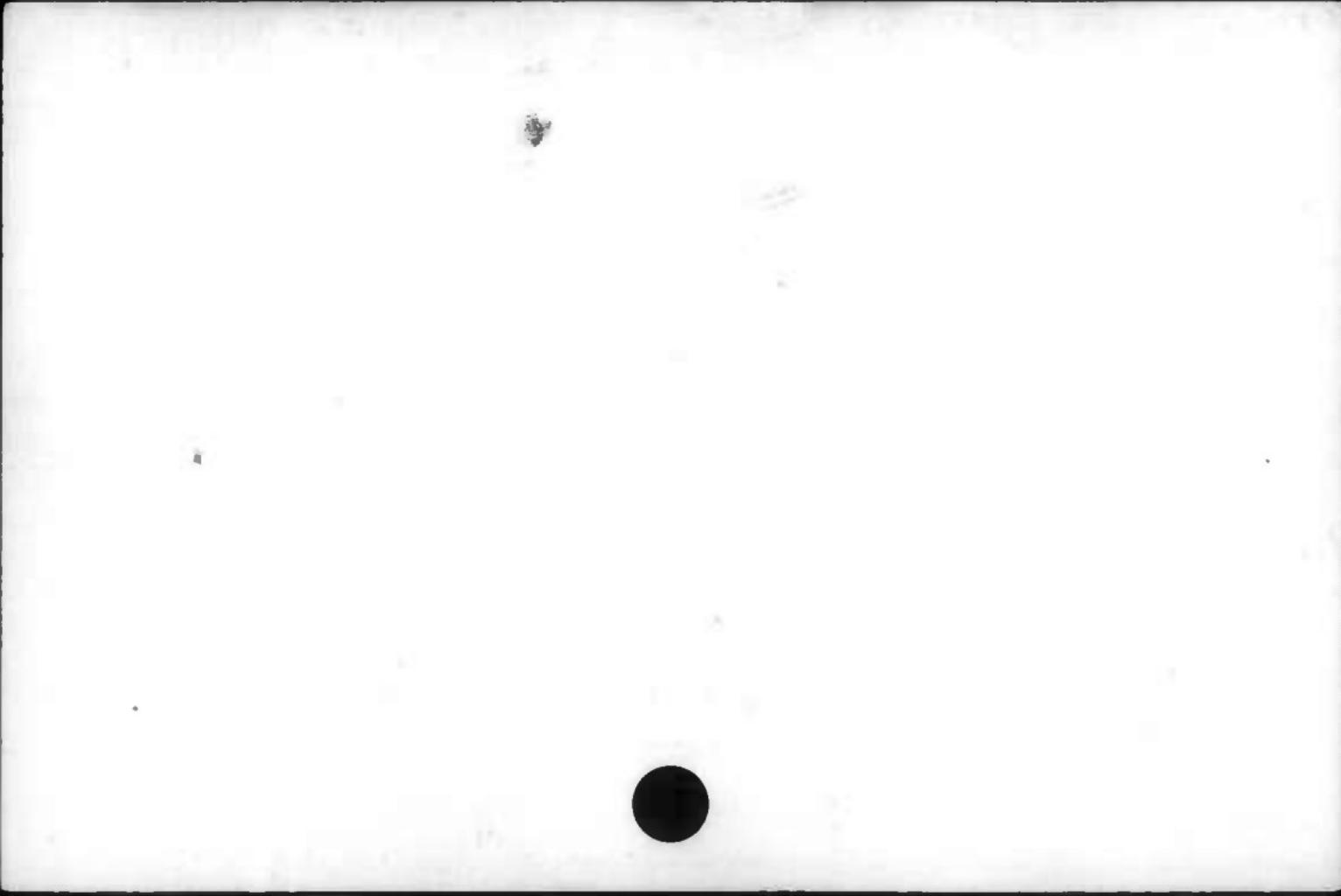
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

John D. Lindsey  
Washington Grove, Md.  
Starrett Janitorium



Name  
in  
Full

Herkirk Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Foundlings Asp.</u> County <u>Montgomery</u>				MARYLAND		
Date of death <u>1909 June</u>	Month <u>June</u>	Day <u>20</u>	Year <u>0</u>	Montha <u>3</u>	Days <u>14</u>	
Sax <u>Male</u>	Color or Race <u>white</u>				Birth-place <u>D.C.</u>	
Occupation <u>none</u>	Where Residing if not at place of death <u>✓</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>					
Father's Name <u>Unknown</u>				Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>				Mother's Birthplace <u>Unknown</u>		
Name of person giving Information <u>Mrs. Hagling, Nurse</u>				How related to deceased <u>none</u>		

CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary

Marasmus

How long

since birth

Immediate

Heat prostration

How long

Are the name, age, sex, color, date and place correctly given above?

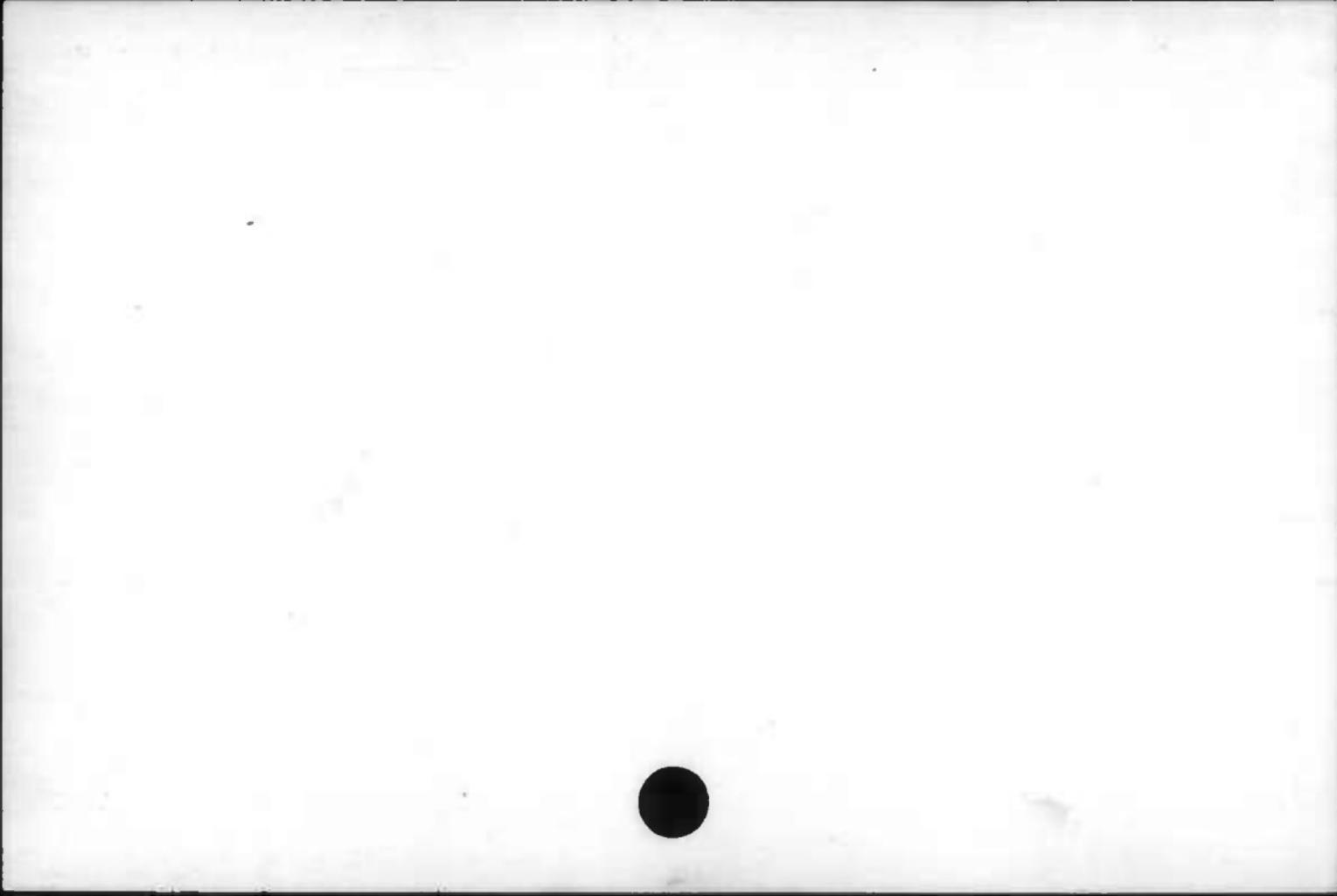
yes

Signature of Physician

Address

John L. Lewis M.D.  
Bethesda, Md.

Accident or Suicide



Name  
in  
Full

Lincoln

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Brighton, Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	Montgomery Co., Md.
Father's Name	Geo. W. Lincoln	Mother's Maiden Name	Thelv. S. Berkley	Mother's Birthplace	Thelv. Md.
Name of person giving information	Geo. S. Berkley	How related to deceased			
		Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Still born.

(S)  
How long

How long  
8 months child

Immediate

Aug. Stabler  
Brighton, Md.

Are the name, age, sex, color, date and place correctly given above?

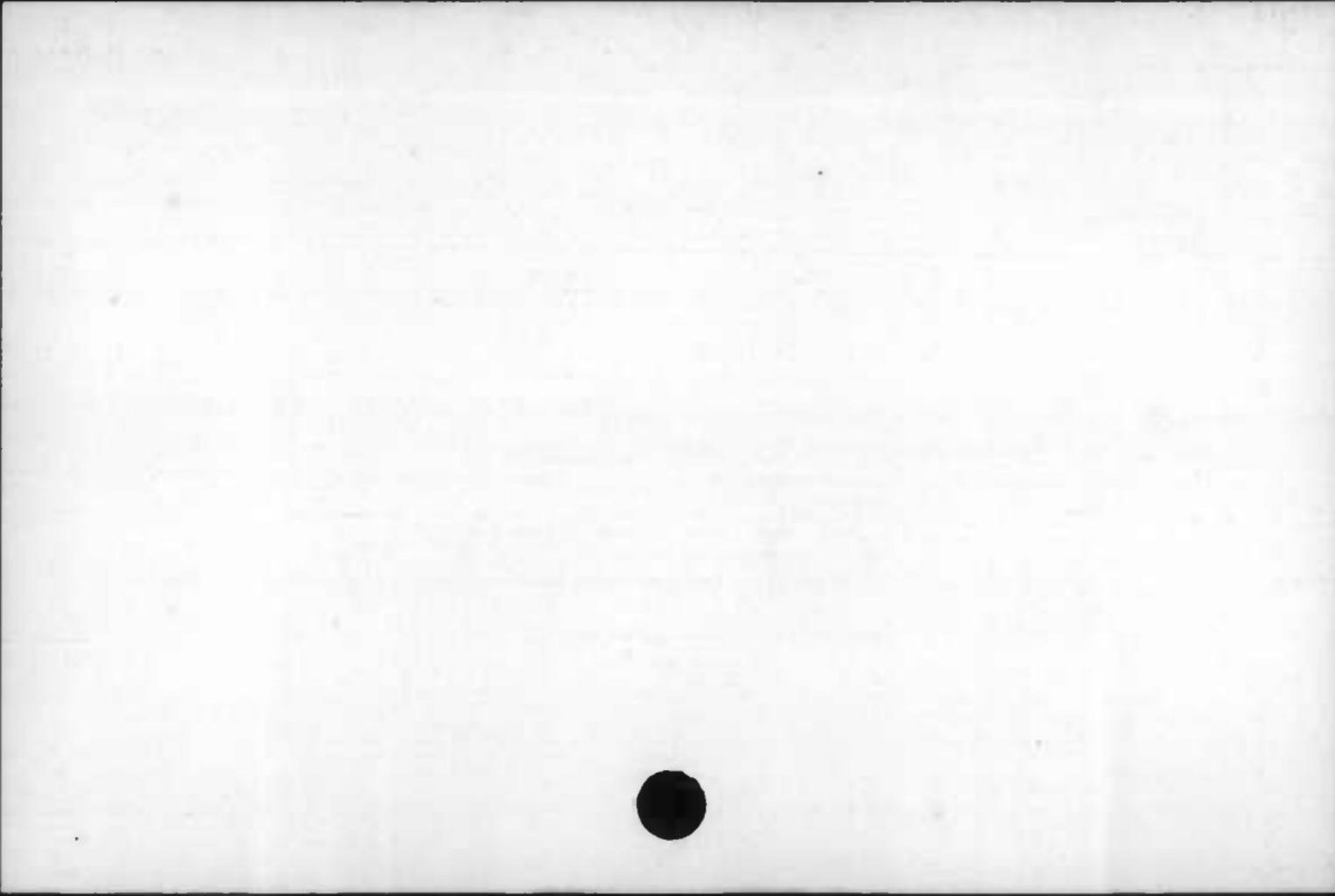
Yes

Signature of Physician

Address

Accident or Suicide?

For Dr. Stabler per R. D.



Name  
in  
Full

Anna P. McHenry

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County			
Roedeece		Maryland	Maryland		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	6	28	X	9	5	
Sex	Female	Color or Race	white	Birth-place	Red	
Occupation	X	Where Residing if not at place of death			X	
Married, Single or Widowed	X	Name of Wife or Husband	X	Father's Name	de,	
Father's Name	Eugene P. McHenry			Father's Birthplace		
Mother's Maiden Name	Blanche English			Mother's Birthplace	V.	
Name of person giving information	E. P. McHenry			How related to deceased	Father	

CAUSES OF DEATH

105

Primary Chorea Dystonicum

immediate Convulsions

Are the name, age, sex, color, date and place correctly given above?

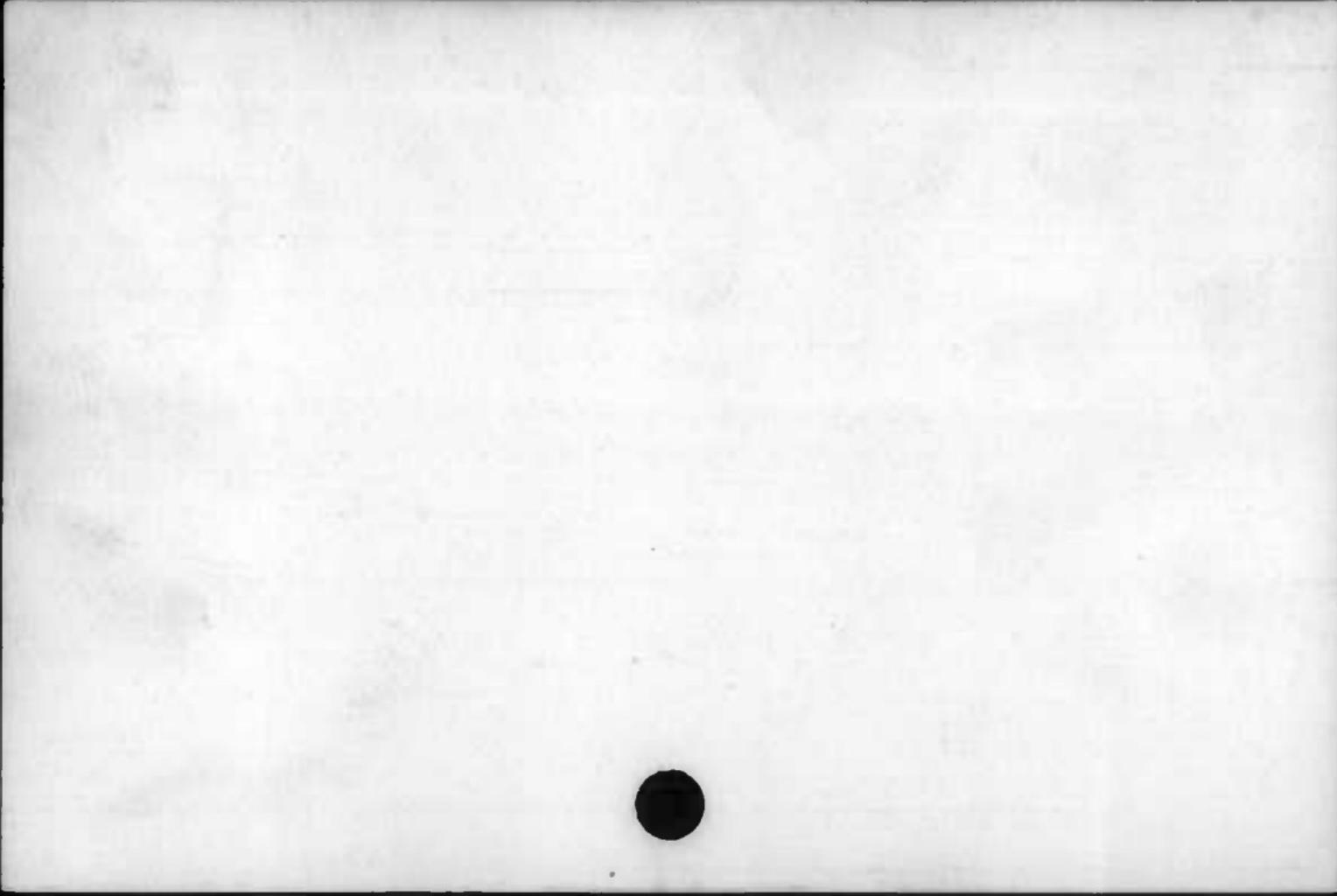
yes

Signature of Physician

Address

Ode, Lin, the man  
Roedeece, Md

Accident or Suicide?



Name  
in  
Full

James H. Mallonee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Month	Days
Sex	Color or Race	Age	about 36		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Dense			
Father's Name	Dont Know				
Mother's Maiden Name	Dont Know				
Name of person giving Information	Physician				

CAUSES OF DEATH

Primary: Pistol wound in left breast

Immadiata: Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. L. Lewis  
Kensington  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide

Suicide

159

How long

How long

10 min



Name  
in  
Full

Mary Mercer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1909 June 19

Female Black

Bonaville, Md

Married

Less Mercer

Bonaville

Mary Mercer

Mark

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enter - colitis

105

How long

Immediate

1 month

Are the name, age, sex, color, date and place correctly given above?

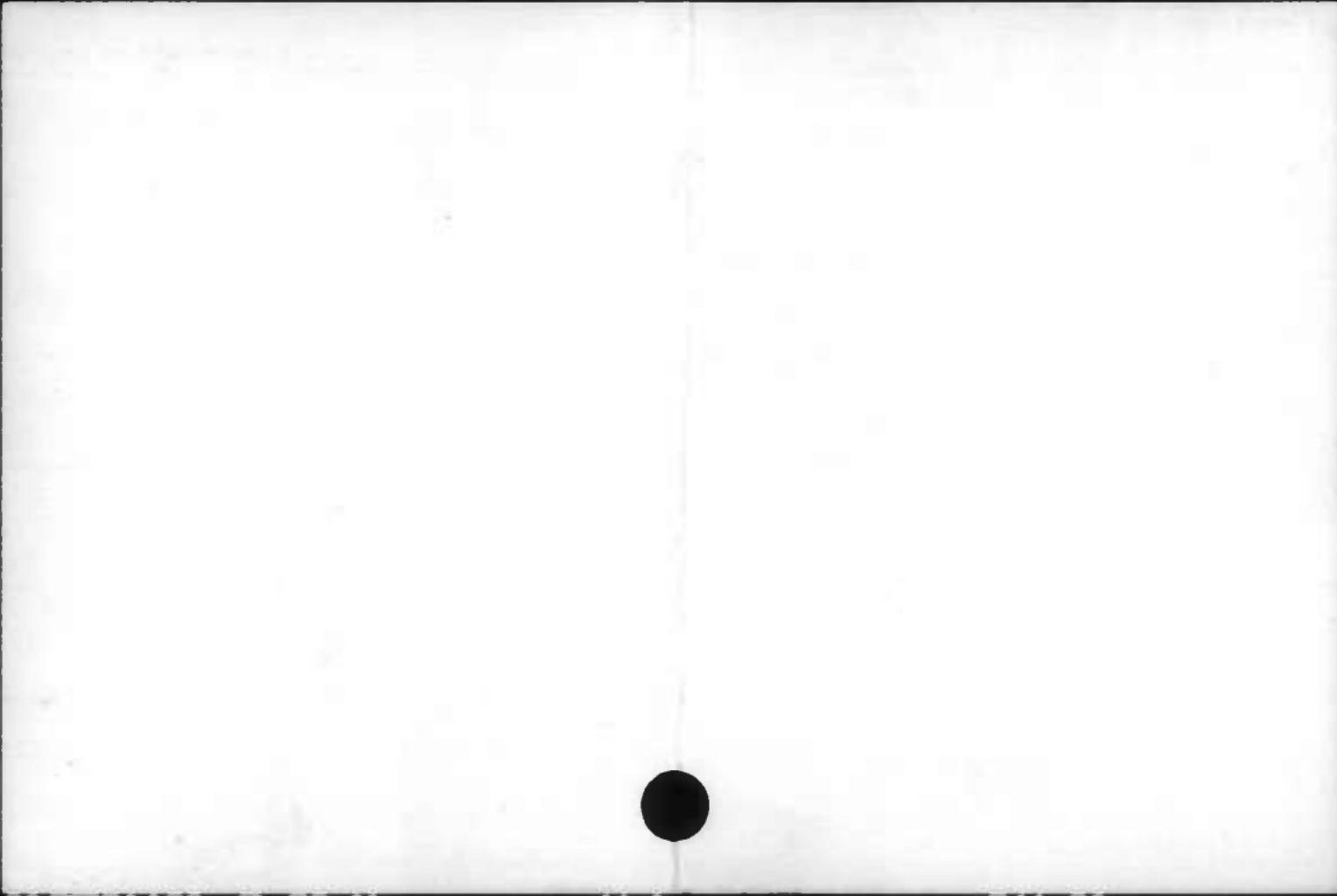
Yes

Signature of Physician

Address

Taylor S. Dorky  
Sub Reg  
Bonaville, Md

Accident or Suicide



Name  
in  
Full

John R. Mount

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month June	Day 18	Years 71	Months 1	Days -
Sex	male	Color or Race	white	Birth-place Fredk Co, Md.		
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Susan C. Mount			
Father's Name	Robert Mount			Father's Birthplace	Fredk Co, Md.	
Mother's Maiden Name	Sarah Baker			Mother's Birthplace	Fredk Co, Md.	
Name of person giving Information	James M. Mount			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Bright's Disease

64

✓

How long

Unknown

Immadiata

Cerebral Hemorrhage

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo. M. Boyer

Damascus  
Md.

Accident or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

William Orme Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Berkeley Chase		Montgomery		
Date of death	Month	Day	Years	
1909	June	12	Age	15
Sex	Male	Color or Race	White	
Occupation	Where Residing if not at place of death Berkeley Chase			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Wm. Orme.			
Mother's Maiden Name	Amelia Stahl			
Name of person giving information	William Orme			

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Premature Birth

How long

2 mo.

Immediate

Gastric catarrh

How long

2 weeks.

Are the name, age, sex, color, date and place correctly given above?

yes

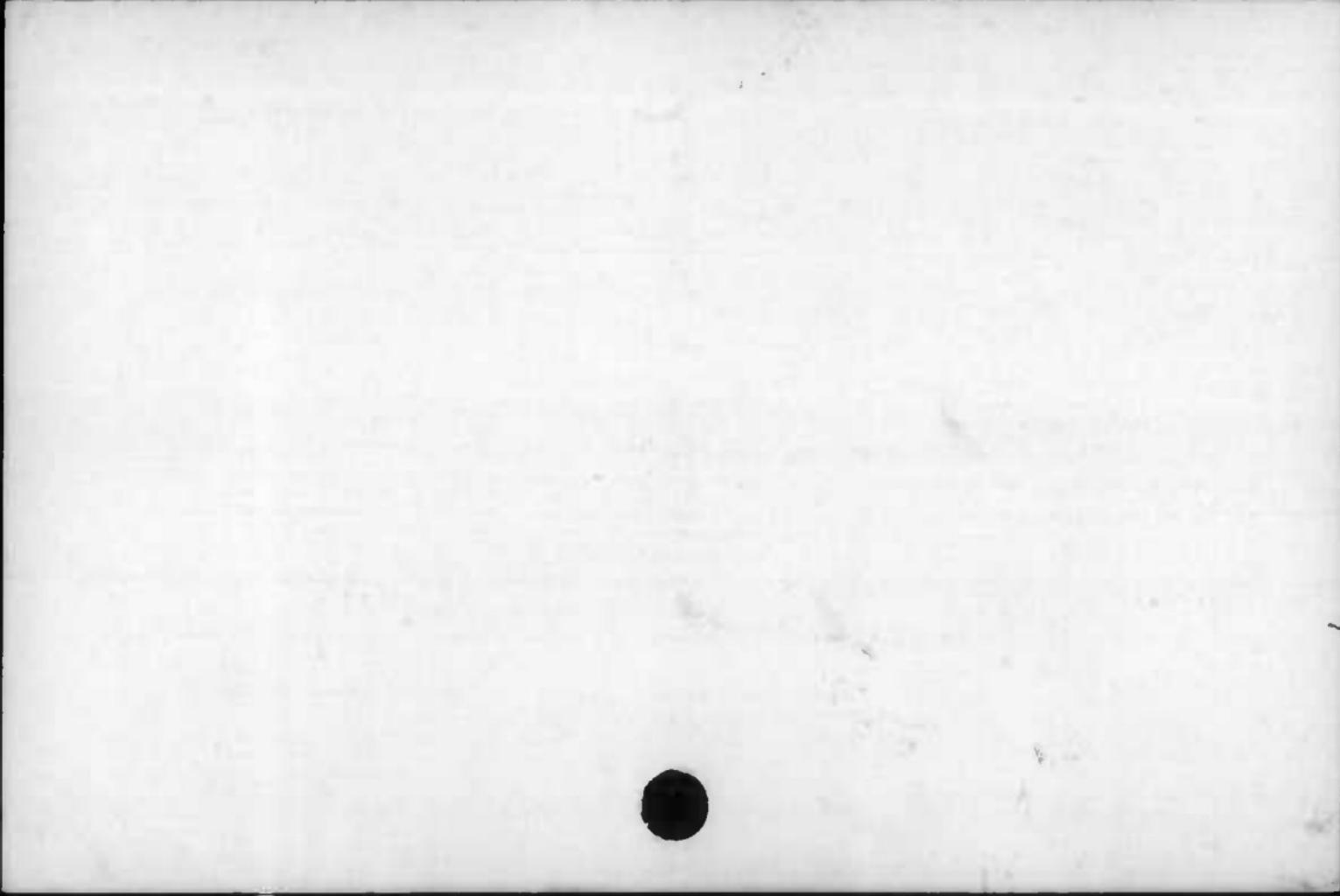
Signature of Physician

Address

Jethro Kelley Jr.  
1312 - 15th st.  
Washington D.C.

Q

Accident or Suicide?



Name  
in  
Full

Penelope Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	None			
Father's Name	Ira Parker		Father's Birthplace	Galveston, Tex.	
Mother's Maiden Name	Ann Wheeler		Mother's Birthplace	Baltimore, Md.	
Name of person giving information	Mrs. Betherold		How related to deceased	Sister.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age and senility; Bright's disease.	
Immediate	Asthma	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Chas. Farguhar, Olney, Md.	

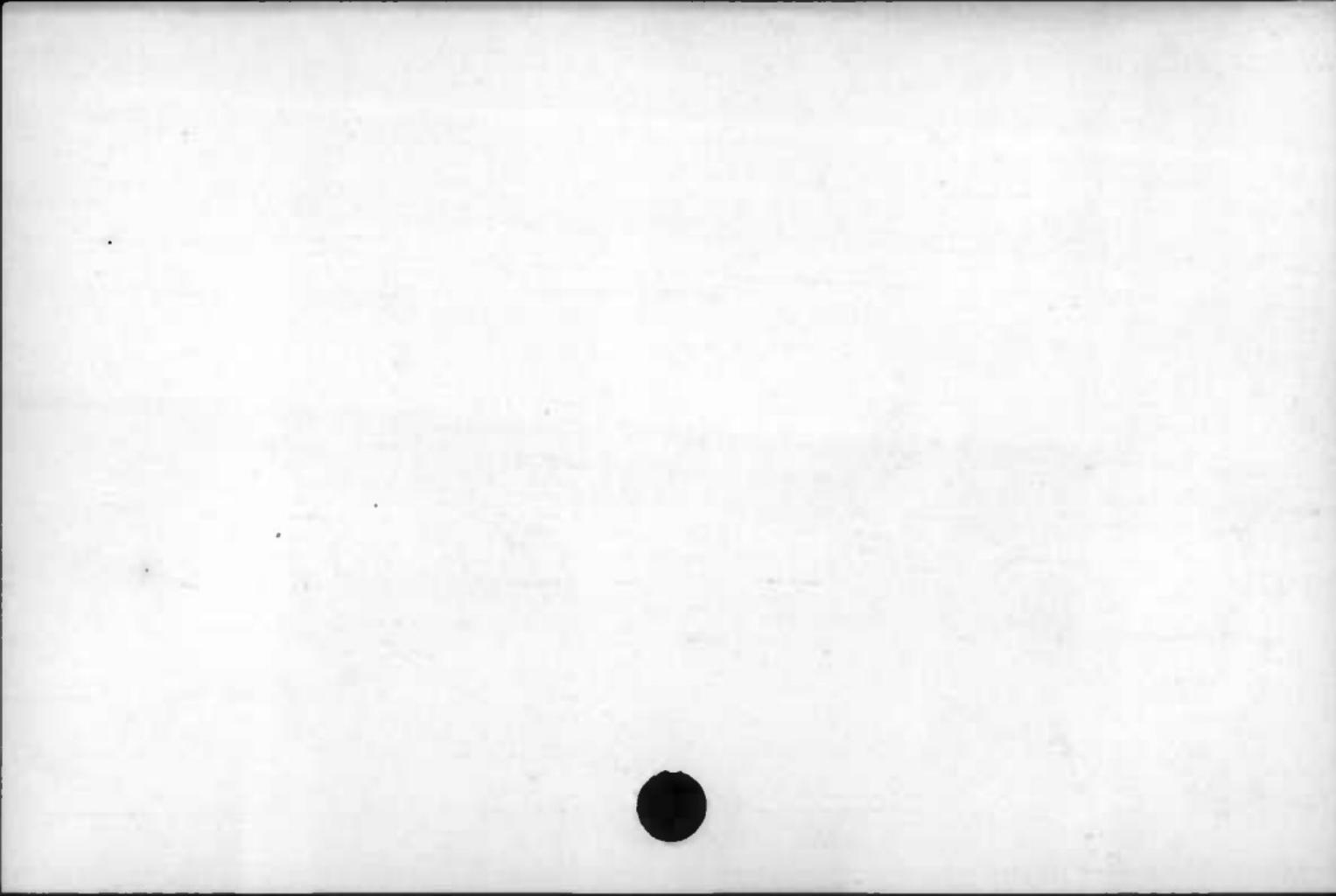
120 ✓

How long

3 years

How long

3 months.



Name  
in  
Full

Bessie E. Pitner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Bakoma Park Montgomery					
Date of death	Month	Day	Years	Months	Days	
1909	June	9	Age 17			
Sex	Color or Race	Birth-place				
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Danville Pa					
Father's Name	Name of Wife or Husband					
Mother's Maiden Name	Allison H. Pitner					
Name of person giving information	Cora M. Blecher					
	Martha J. Pitner					

CAUSES OF DEATH

79<sup>l</sup>

PHYSICIAN  
OR CORONER

Primary

Valvular disease of heart

How long

1 year

Immediate

Syncope

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Alfred T. Dayons  
Bakoma Park, Ill.  
(over)

Accident or Suicide?

L. M. Mooers  
Registrar Takoma Park Md.

Name  
In  
Full

Mrs Elizabeth Pope

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

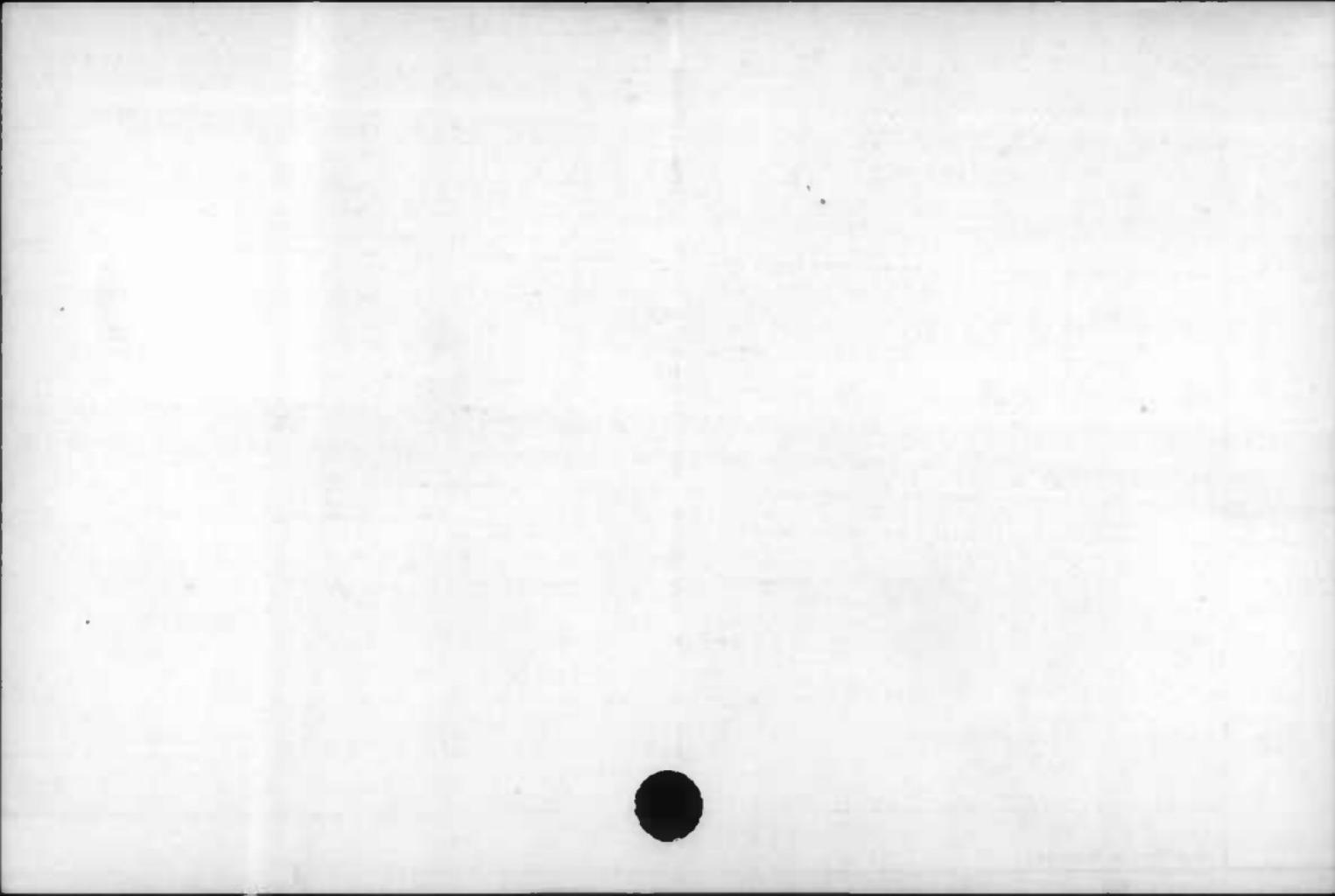
PHYSICIAN  
OR CORONER

Died at <u>near Edgewater</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>22</u>	Years <u>71</u>	Age	Months <u>2</u>	Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Princess Anne Co</u>		
Occupation <u>Housewife</u>	Where Residing If not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Charles A Pope</u>					
Father's Name <u>Delaware West</u>	Father's Birthplace <u>Montgomery Co</u>					
Mother's Maiden Name <u>Amy Bonney</u>	Mother's Birthplace <u>Princess Anne Va</u>					
Name of person giving information <u>Charley Hawkins</u>	How related to deceased <u>Son in law</u>					

CAUSES OF DEATH

(66)

Primary <u>Paralysis</u>	How long <u>7 mon</u>
Immediate <u>from Dry Gangrene of both feet</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>V H Depon</u>
	Address <u>Laytonville Md</u>
Accident or Suicide?	



Name  
in  
Full

Lottie Popper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Dr Bethesda</u>		Town <u>Bethesda</u> County <u>Maryland</u>	
Date of death <u>1909</u>	Month <u>June</u>	Day <u>8</u>	Years <u>W.</u>
Sex <u>Female</u>	Color or Race <u>W.</u>	Age <u>1</u>	
Occupation <u>None.</u>	Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	<u>Unknown (Popper?)</u>	Father's Birthplace	<u>?</u>
Mother's Maiden Name	<u>"</u>	Mother's Birthplace	
Name of person giving information	<u>Mrs Kilkenny</u>	How related to deceased	<u>Not at all</u>
CAUSES OF DEATH			
Primary	<u>Premature Birth - Exhaustion</u>		
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Was an inmate of the Washington Hospital for a long time at Bethesda.</u>		Address <u>C. H. Munroe A. S. O. Rockville</u>	
Accident or Suicide?			

151

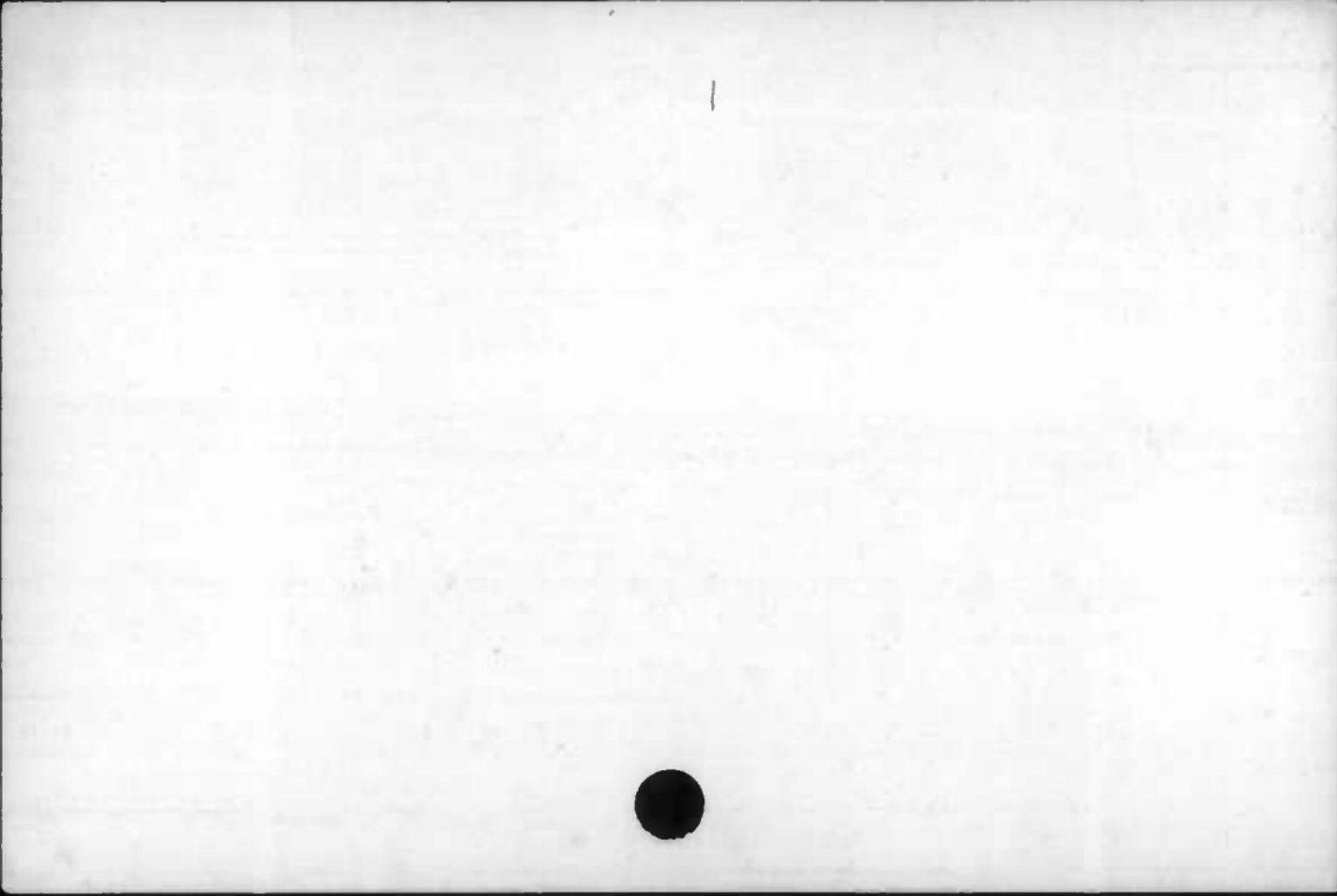
How long

1 mo

How long

"

LIBRARY BUREAU ASSESS



Name  
in  
Full

Hildegarde Elizabeth Simon

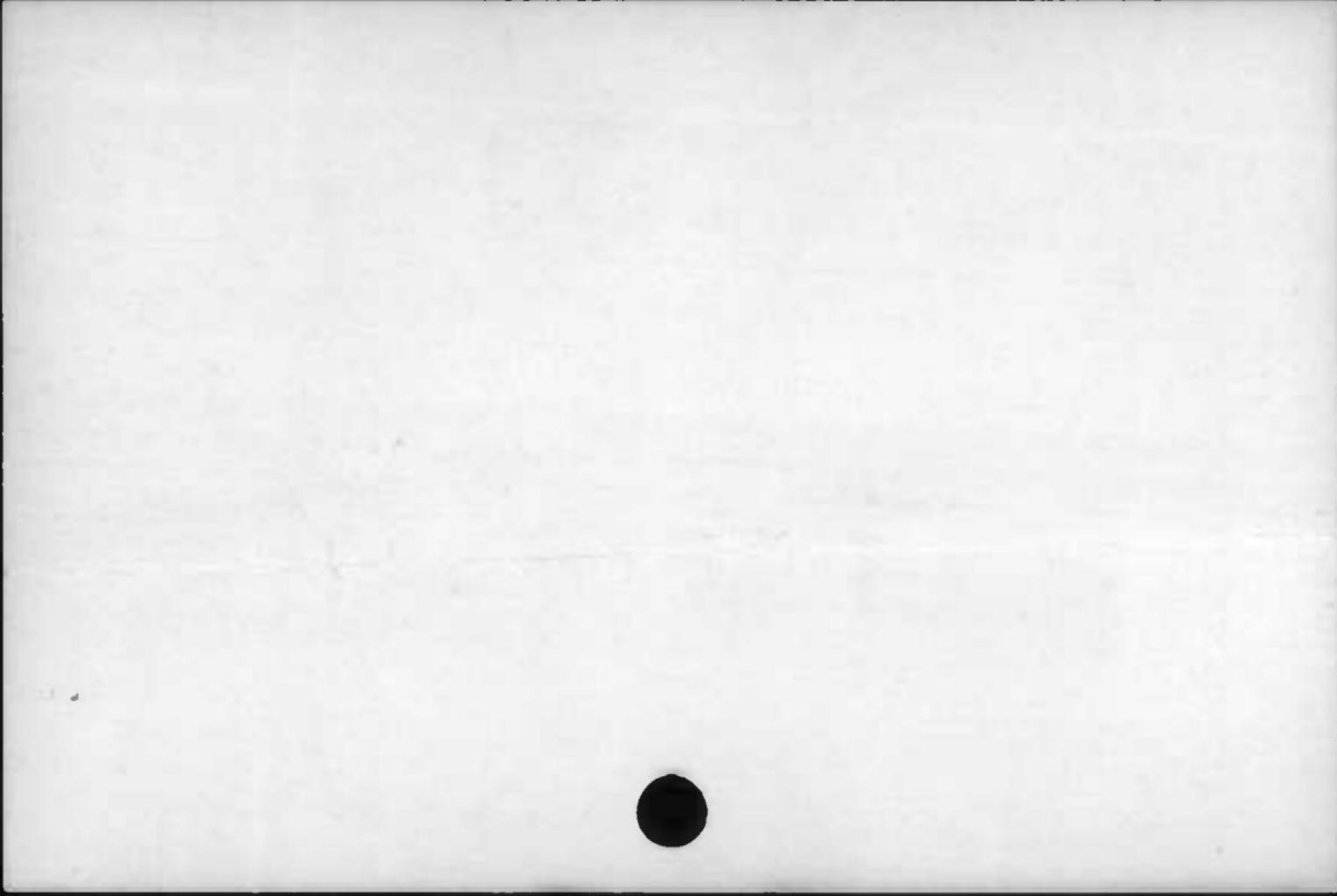
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Ednor		Town	Montgomery		County	MARYLAND	
Date of death	1909	Month	June	Day	30	Years	Months	Days
Sex	female	Color or Race	white	Age			5	23
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name	Louis A. Simon				Father's Birthplace	Baltimore		
Mother's Maiden Name	Theresa B. McConnor				Mother's Birthplace	"		
Name of person giving Information	Louis A. Simon				How related to deceased	Father		
CAUSES OF DEATH								
Primary	Malnutrition							
Immediate	Convulsions							
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		71		
Yes				Address		How long		
				Aug. Stabler		4 months		
				Brighton		3 hours		

PHYSICIAN  
OR CORONER

J  
Accident or Suicide?



Name  
in  
Full

Philomen M Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Gaithersburg		Montgomery	-		
Date of death	1909	Month 6	Day 4	Years 89	Months 4	Days 26
Sex	male	Color or Race	white -		Birth-place	Montgomery Md
Occupation	Retail merchant & Farmer			Where Residing if not at place of death	Same	
Married, Single or Widowed	married	Name of Wife or Husband	A. Rose Cannon			
Father's Name	Philomen M Smith			Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Waters			Mother's Birthplace	"	
Name of person giving Information	Mrs P.M. Smith			How related to deceased	wife	

CAUSES OF DEATH

154

How long

Primary

Suicide

Immediate

Heart Failure

How long

unknown

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

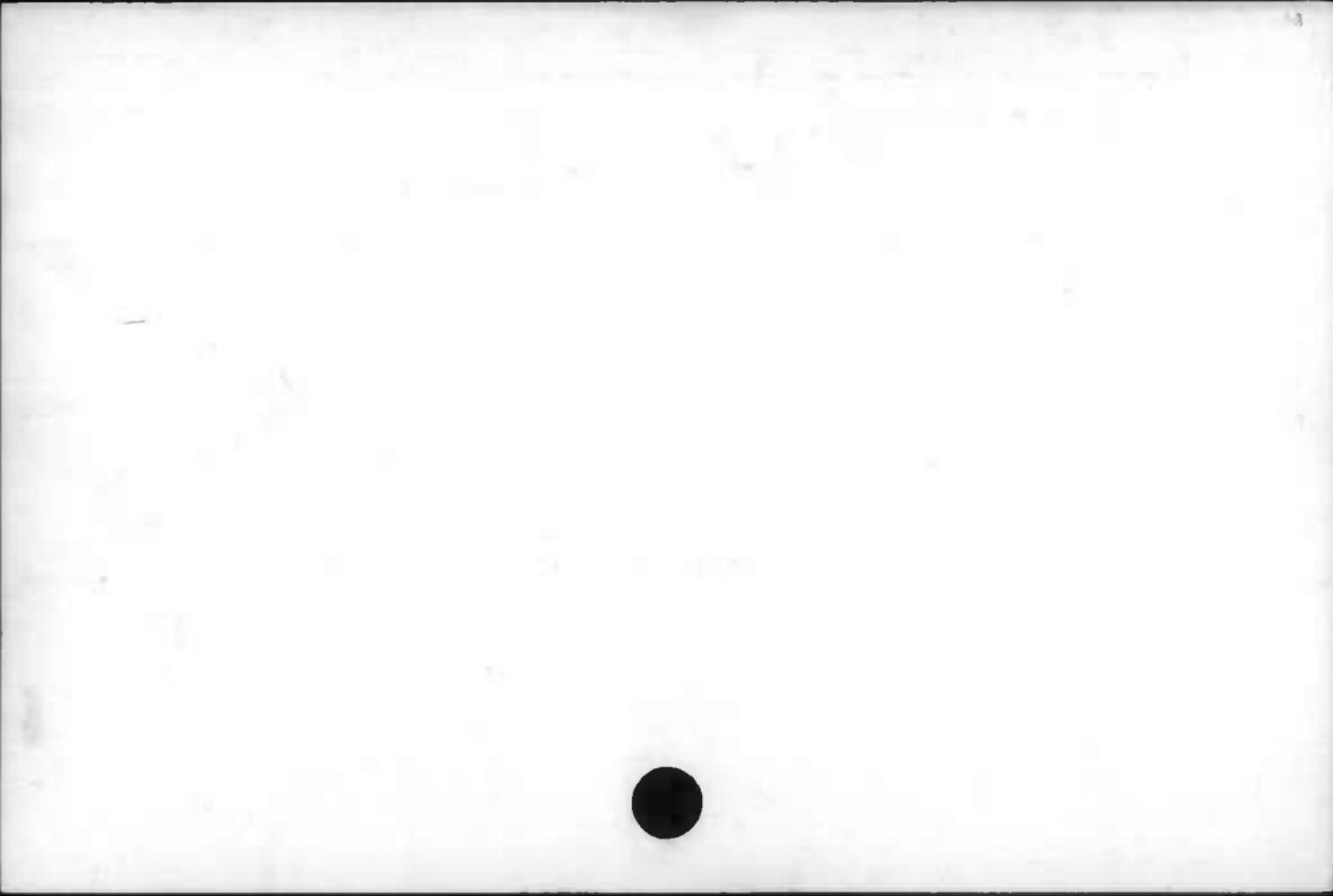
Address

J. B. Stoddard  
Gaithersburg  
Md

Accident or Suicide

Natural

PHYSICIAN  
OR CORONER



Name  
in  
Full

Chas. J. Taylor

CERTIFICATE OF DEATH

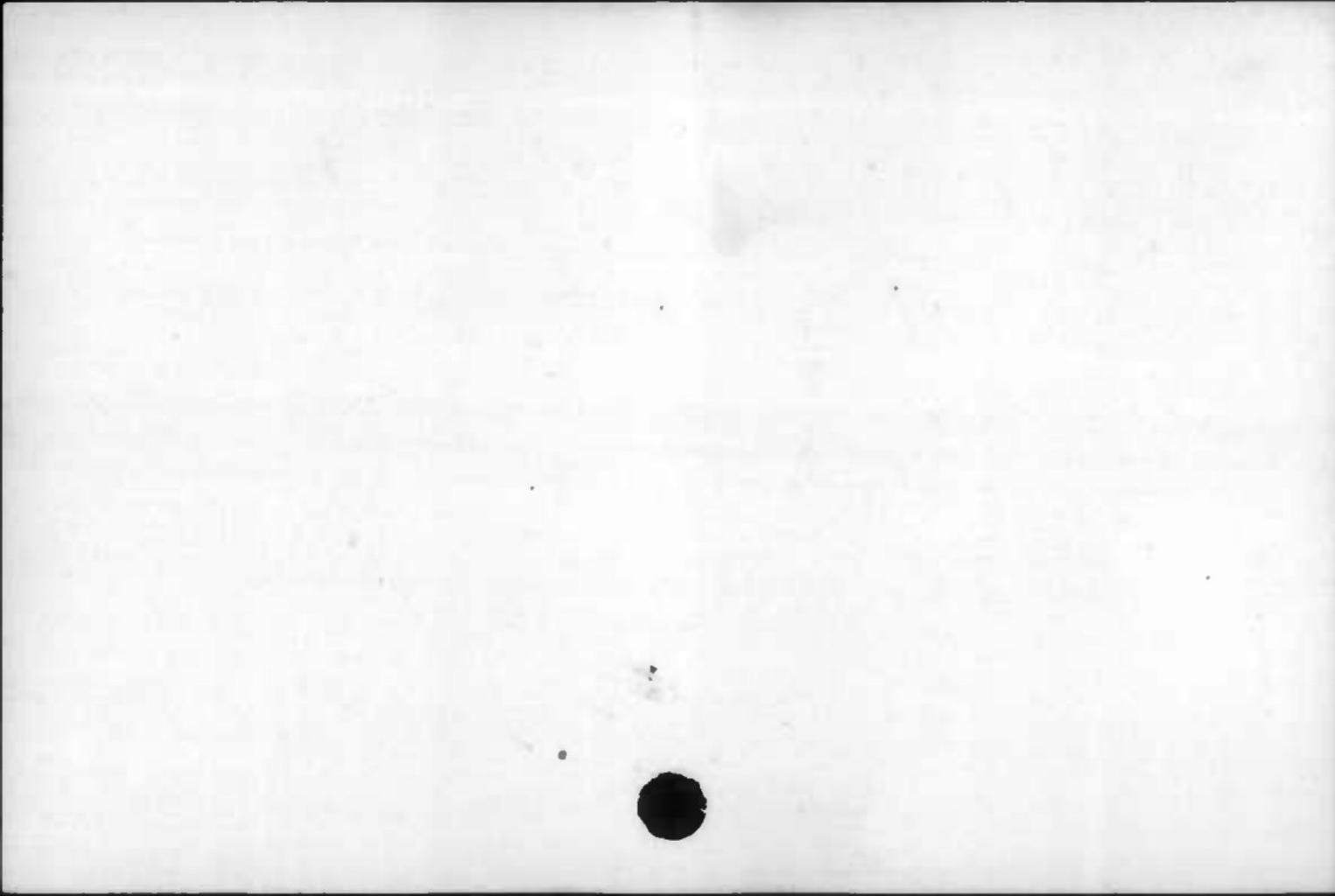
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	Age	55	10	1
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Laura Simpson			
Father's Name	Armitstead Taylor			Father's Birthplace	Va.
Mother's Maiden Name	Nancy	"	Mother's Birthplace	"	
Name of person giving Information	Laura Taylor			How related to deceased	wife

CAUSES OF DEATH

Primary	Valvular Disease of Heart		79	1
Immediate	Sympoche		How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long	4 days
Yes		Address	W. T. Brown	
Accident or Suicide?		Silver Spring Md.		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Miss See E. Frudde

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND	
Died at Gaithersburg		Montgomery			
Date of death	Month 6	Day 8	Years 71	Months —	Days —
Sex Female	Color or Race white	Birth-place Montgomery, Md.			
Occupation Companion	Where Residing if not at place of death Same				
Married, Single or Widowed Single	Name of Wife or Husband _____				
Father's Name <u>Wm Frudde</u>	Father's Birthplace Montgomery, Md.				
Mother's Maiden Name <u>Francis M Hampstone</u>	Mother's Birthplace Montgomery, Md.				
Name of person giving Information <u>Mrs Annie Nichols</u>	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cerebral Haemorrhage

64 ✓

How long

12 days

Immediate Paralysis

How long

12 days

Are the name, age, sex, color, date and place correctly given above?

yes

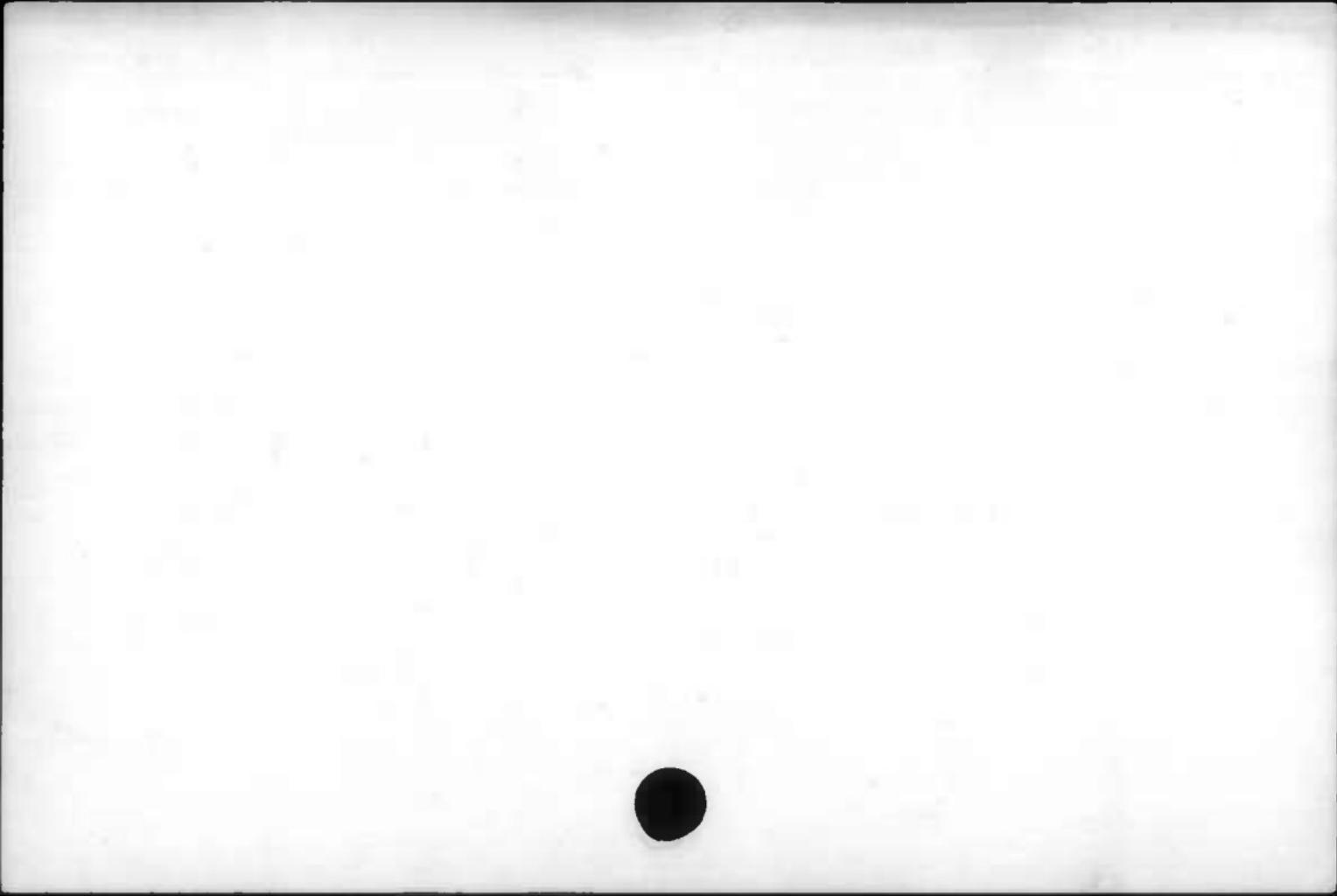
Signature of Physician

H B Haddox

Address

Gaithersburg  
Maryland

Accident or Suicide Natural



Name  
in  
Full

Crown Oyler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

Month

Day

County

Date  
of death 190

Gaithersburg

Years

MARYLAND

Months

Days

9 June

Age

8

Months

Days

Sex

Color or  
Race

Black

Birth-  
place

do not know

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

—

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

Primary

CAUSES OF DEATH

Immediate

Consumption

27

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

34 Eustisian  
Gaithersburg

Accident or Suicide

Archived

Name  
in  
Full

Inez S. Vetch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

Burnt Mills

County

Month

3

Years

15

MARYLAND

Date  
of death

1909

Day

6

Age

15

Month

8

Day

2

Sex

Female

Color or  
Race

White

Birth-  
place

Ba

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Robert Lee Vetch

Father's  
Birthplace

Ba

Mother's  
Maiden Name

Margaret Walker

Mother's  
Birthplace

S. C.

Name of person giving  
Information

Vetch

How related  
deceased

Mother

CAUSES OF DEATH

Primary

Tubercular Meningitis

28

How long

1 mo.

Immediate

Convulsions

How long

A few hrs

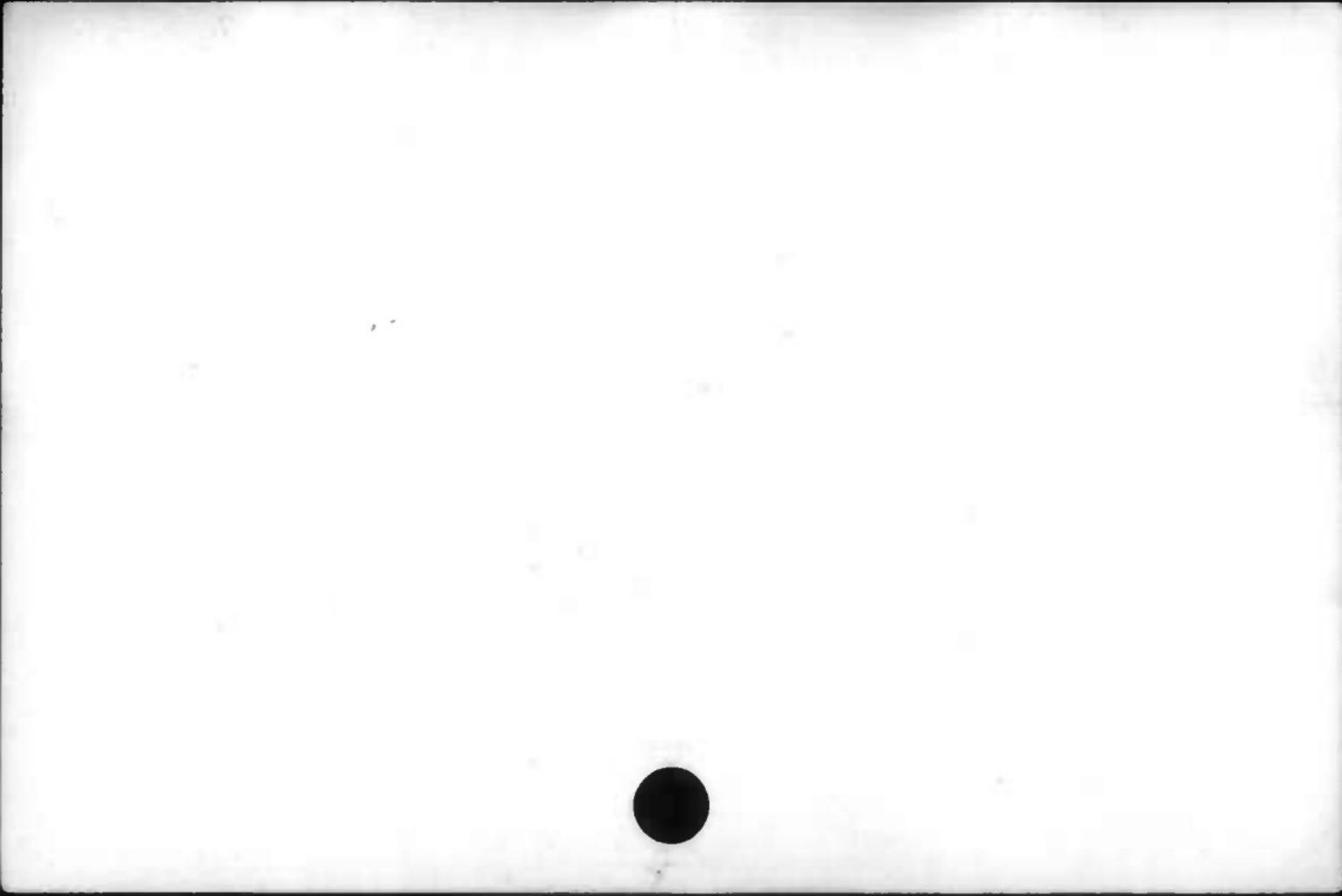
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

W. T. Brown M.D.  
Silver Spring  
Md.

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Warfield  
115 <sup>Town</sup>

## CERTIFICATE OF DEATH

Died at		Town Gaithersburg	County Montgomery		MARYLAND		
Date of death	Month 1909	Day 6	Age 55	Years 53	Months —	Days —	
Sex	Female		Color or Race Colored	Birthplace Montgomery Co MD			
Occupation	Housewife		Where Residing if not et place of death Same				
Married, Single or Widowed	Married		Name of Wife or Husband Albert Warfield	Father's Birthplace Md			
Father's Name	Geo Bawis			Mother's Birthplace "			
Mother's Maiden Name	Mary Miles			How related to deceased Brother			
Name of person giving Information	George Bawis						

## **CAUSES OF DEATH**

## Primary

# An oval flower bed

### Immediate

Paraly sis

Are the name, age, sex, color, date  
and place correctly given above?

gas

**Signature of  
Physician**

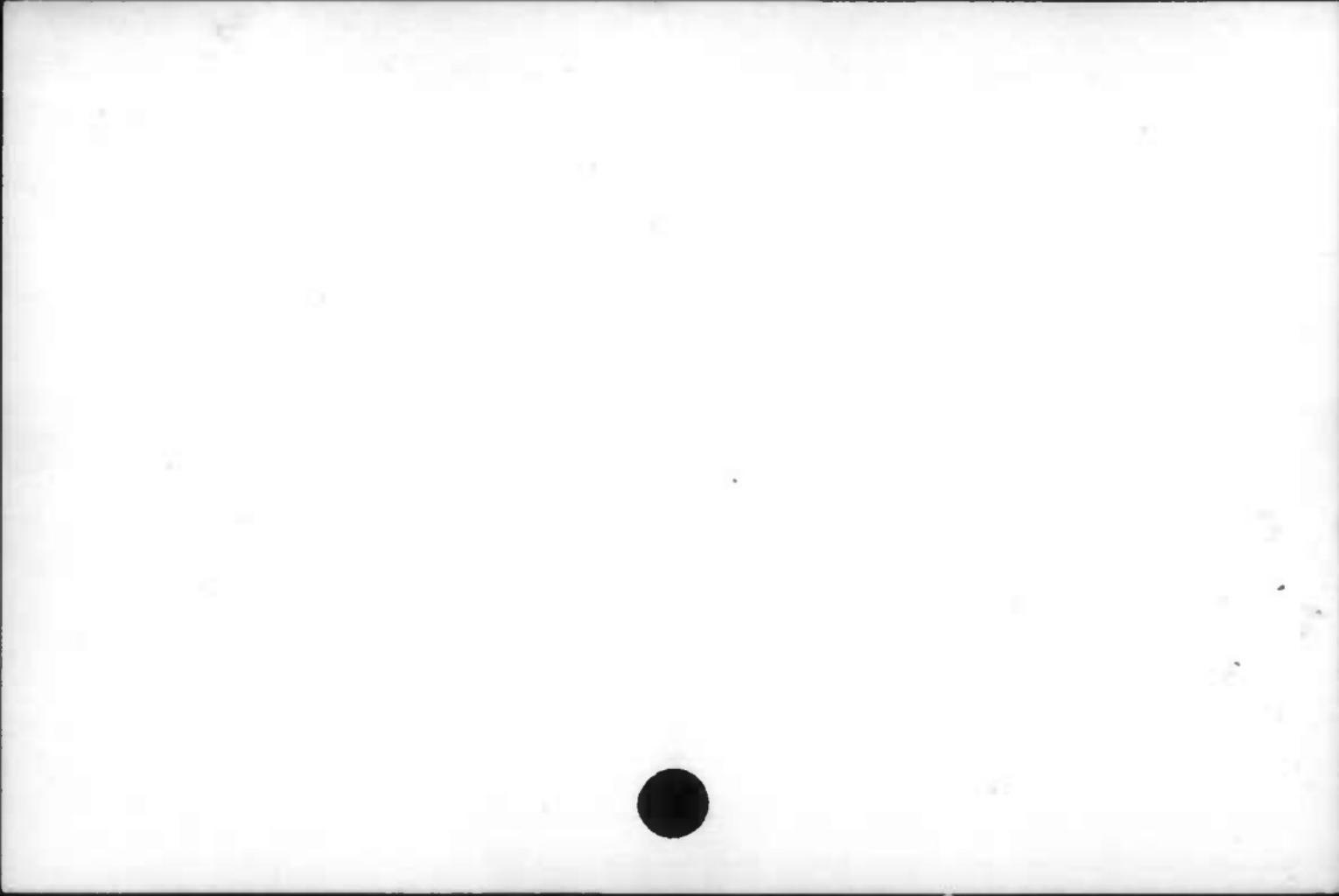
W.B. Haddox

Gaithersburg  
Md.

## ~~Accidental Suicide~~

natural

Address



Name  
in  
Full

Janie E Hates

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward H Hates		Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Columbia J Magruder		Mother's Birthplace	Montgomery Co	
Name of person giving Information	Columbia J Magruder Hates		How related to deceased	Mother	
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis		27	9 years	
Immediate	General Exhaustion		How long	several weeks	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W H Dyeon	
			Address	Laytonsville	
Accident or Suicide?					



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Edwood J. Wilson		CERTIFICATE OF DEATH			
Died at	Town	County	Montgomery			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	Black	Birthplace	and		
Occupation	none	Where Residing if not at place of death	Saure				
Married, Single or Widowed	Swife	Name of Wife or Husband					
Father's Name	Charlie Wilson			Father's Birthplace	and		
Mother's Maiden Name	Sarah Dace			Mother's Birthplace	and		
Name of person giving information	Jr Dace			How related to deceased	Grandfather		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Stroke

169

How long

Two hours

Immediate

Congestion

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Englewood  
Reedington

Accident or Suicide

No

